The Brandon Trust

Brandon Supported Living - Cornwall

Inspection report

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Date of inspection visit:
08 December 2020
11 December 2020

Date of publication:
03 February 2021

Ratings

Overall rating for this service	Requires Improvement

Is the service safe?	**Requires Improvement**
Is the service well-led?	**Good**

Summary of findings

Overall summary

About the service
Brandon Supported Living - Cornwall is a domiciliary care agency providing care and support to people in their own homes. Support can range from enabling people to access the community for a few hours a week, to 24-hour care and support for people living in supported living accommodation. The agency works across Cornwall and Plymouth and provides support to people in 50 different supported living settings.

Not everyone who used the service received personal care. CQC only inspects where people receive personal care. This is help with tasks related to personal hygiene and eating. Where they do, we also consider any wider social care provided. At the time of the inspection 144 people were receiving support with personal care in supported living settings.

People's experience of using this service and what we found

Staff had completed training looking at how restrictive practices might impact on people. This had made them reflect on how they supported people which they had reported. The provider had taken the appropriate action, but we were concerned staff had not had the relevant training in a timely manner. We have made a recommendation about this in the report.

Following any untoward event, incident and accident forms were completed to enable managers to have an oversight of events and take action to mitigate risk. These were completed shortly after the event but several weeks had passed before they had been signed by a manager to evidence they had reviewed the information. We have made a recommendation about this in the report.

Relatives told us they were confident their family members were safe. We observed people interacting with staff and saw they were relaxed and at ease. Staff were gentle in their approach and gave people time to express themselves.

We expect health and social care providers to guarantee autistic people and people with a learning disability the choices, dignity, independence and good access to local communities that most people take for granted. Right support, right care, right culture is the guidance CQC follows to make assessments and judgements about services providing support to people with a learning disability and/or autistic people.

The service was able to demonstrate how they were working towards consistently meeting the underpinning principles of Right support, right care, right culture.

Right support:
People were supported to be independent and have choice and control. There were systems in place to make sure their voices were heard.

Right care:
Care had not always been delivered in a way which meant people's human rights were respected. This had been identified and action taken to mitigate the risk of reoccurrence. This work was on-going to help ensure it was well embedded in staff practice.

Right culture:
The Brandon Trust were working with management and staff at all levels to continually improve the culture of the service. Staff were aware of the organisations visions and values which were centred around supporting people to have a voice and live meaningful lives.

Support staff told us they had not always felt well led and morale had been low. This had been identified by senior management and action taken to address communication between management and support workers. Staff told us the changes and additional platforms for communicating were positive and they were more optimistic.

Locality managers told us they were proud to work for Brandon Trust and felt well supported. There was regular contact with the area manager and the senior management team.

For more details, please see the full report which is on the CQC website at www.cqc.org.uk

Rating at last inspection
The last rating for this service was requires improvement (report published October 2019). No breaches were identified at that inspection.

Why we inspected
The inspection was prompted following concerns received about staff culture in one particular home. The information raised concerns regarding people's safety and dignity, unlawful use of restraint and oversight of the service. A decision was made for us to inspect and examine those risks at that specific service and one other.

We undertook a focused inspection to review the key questions of safe and well-led only.

We reviewed the information we held about the service. No areas of concern were identified in the other key questions. We therefore did not inspect them. Ratings from previous comprehensive inspections for those key questions were used in calculating the overall rating at this inspection.

Since the concerns were raised the provider had taken action to address the issues. This has included a full investigation into the concerns raised, additional training and support for staff, and improved oversight of services.

Follow up

We will continue to monitor information we receive about the service until we return to visit as per our re-inspection programme. If we receive any concerning information we may inspect sooner.

You can read the report from our last comprehensive inspection, by selecting the 'all reports' link for Brandon Supported Living - Cornwall on our website at www.cqc.org.uk.

The five questions we ask about services and what we found

We always ask the following five questions of services.

Is the service safe?

Requires Improvement

The service was not completely safe.

Details are in our safe findings below.

Is the service well-led?

Good

The service was well-led.

Details are in our well-led findings below.

Brandon Supported Living - Cornwall

Detailed findings

Background to this inspection

The inspection
We carried out this inspection under Section 60 of the Health and Social Care Act 2008 (the Act) as part of our regulatory functions. We checked whether the provider was meeting the legal requirements and regulations associated with the Act. We looked at the overall quality of the service and provided a rating for the service under the Care Act 2014.

This was a focused inspection to check on specific concerns. We looked at risk management systems, supporting people when they were resistant to care, incident recording, staff culture and staff support and review processes and governance.

Inspection team
The inspection was carried out by two adult social care inspectors.

Service and service type
This service provides care and support to people living in 'supported living' settings, so that they can live as independently as possible. People's care and housing are provided under separate contractual agreements. CQC does not regulate premises used for supported living; this inspection looked at people's personal care and support.

The service had ten managers registered with the Care Quality Commission. This means that they and the provider are legally responsible for how the service is run and for the quality and safety of the care provided. The registered managers are known as 'locality managers' and each had responsibility for small groups of supported living settings. An area manager, based in the registered office, had oversight of Brandon Supported Living – Cornwall.

Notice of inspection

We gave a short period of notice of the inspection to enable staff to prepare people for our visits. Inspection activity started on 8 December 2020 and ended on 11 December 2020. We visited the office location on 8 December.

What we did before the inspection
We reviewed information we had received about the service since the last inspection. The provider was not asked to complete a provider information return prior to this inspection. This is information we require providers to send us to give some key information about the service, what the service does well and improvements they plan to make. We took this into account when we inspected the service and made the judgements in this report. We used all of this information to plan our inspection.

During the inspection:
On the first day of the inspection we visited the local office and met with the area manager, the CEO, the nominated individual and two representatives from the HR department. The nominated individual is responsible for supervising the management of the service on behalf of the provider.

On the second day of the inspection we visited two supported living settings. We met with four people who used the service and observed them interacting with staff. We spoke with eight members of staff including locality managers team leaders and support workers.

During the inspection we reviewed a range of records. This included two people's care records, daily notes and medication records. We looked at two staff files in relation to recruitment.

After the inspection:
We continued to seek clarification from the provider to validate evidence found. We looked at training data, incident and accident reports, supervision records, meeting minutes, rotas and quality assurance records. We spoke with two relatives and a further six members of staff. Seven locality managers emailed us to feedback about their experience of working for The Brandon Trust. We received feedback from one external professional.

Requires Improvement

Is the service safe?

Our findings

Safe – this means we looked for evidence that people were protected from abuse and avoidable harm.

At the last inspection this key question was rated as Good. At this inspection this key question has now changed to requires improvement: This meant some aspects of the service were not always safe and there was limited assurance about safety. There was an increased risk that people could be harmed.

Systems and processes to safeguard people from the risk of abuse

- The inspection was partly prompted in response to concerns raised by an anonymous whistle-blower regarding people's safety and dignity and unlawful use of restraint. The organisation had responded to the allegations appropriately and an investigation into the allegations was on-going at the time of the inspection.
- Staff working at the home where the alleged restraint occurred were adamant they would never restrain anyone. They explained the actions they would take to encourage people to take their time and why it was important not to restrain them.
- Staff in the other home we visited told us they had not always known how to support people when they were resistant to care. This had led to an occasion when one person's human rights had not been upheld and unauthorised restraint had been used, albeit in good faith.
- Following this incident staff had completed training which had highlighted their lack of skills in this area and they had reflected on and changed their practice. The provider had carried out an appropriate investigation.
- The locality manager had arranged for additional support and guidance around the Mental Capacity Act and safeguarding to ensure staff understanding was embedded.

We recommend the provider seeks advice and guidance from a reputable source about identifying and meeting staff training needs in a timely manner.

- Staff had access to safeguarding folders which contained contact details and all the information they might need to refer to if they had safeguarding concerns. The area manager told us they had developed the folders for use in all services as it was important staff could access the information quickly and easily.
- Staff told us they understood the processes for raising concerns and were confident these would be acted on. One commented; "I would report any concern to [team leader] and she would sort it out, then [locality manager]. We have a file in there with all the numbers, but you would hate to think it would ever have to go to an outside agency. I would not want to work for a company if I had to go somewhere else to report them."
- People were relaxed and at ease with staff. They were clearly comfortable approaching them for support or to chat and spend time with them. Relatives told us they had no concerns about staff practice and were confident their family members were safe and well cared for.

Assessing risk, safety monitoring and management; Learning lessons when things go wrong

● Following any incident or accident, records were completed to enable management to have an overview of incidents and identify any patterns.
● We found examples of reports which had not been reviewed until several weeks after the incident. This meant opportunities to learn from incidents might have been lost and action to mitigate risk not taken in a timely manner.

We recommend the provider seek advice and guidance from a reputable source, about the management of and learning from incidents and accidents.

● People had risk assessments which identified the level of risk and guided staff on the actions they should take to minimise that risk in the least restrictive way.
● Personal emergency evacuation plans contained individual specific information about the support people would need to leave their home in an emergency.

Staffing and recruitment
● There were enough staff to support people in line with their identified needs.
● Staff had identified that one person required additional support at certain times of the day due to changes in their needs. A needs assessment had been arranged to arrange for this support to be provided.
● Staff were recruited safely. Pre-employment checks were completed before any new employee started work.

Using medicines safely
● People were supported to take their medicines as prescribed. Staff encouraged people to be as independent as possible when taking their medicines. Most people had their medicine stored in their bedrooms which meant they were able to take it privately.
● There were protocols in place for medicines people took 'as required' such as pain relief. This supported a consistent staff approach to administering these medicines.
● When medicine errors were identified there was a robust system in place to help prevent any reoccurrence. Staff responsible for medicine errors were required to retake their training and undergo competency assessments.
● Medicine care plans contained clear and relevant information in relation to the medicines people took and the support they needed with this.
● Monthly medicines audits were completed by staff working at each individual service. These were supplemented by comprehensive audits carried out by the local compliance co-ordinator.

Preventing and controlling infection
● Staff had completed infection control training and had access to personal protective clothing such as masks, gloves and aprons to reduce the risk of cross infection.
● Staff wore masks at all times. They encouraged the people they supported to wear masks in the community.

Good

Is the service well-led?

Our findings

Well-Led – this means we looked for evidence that service leadership, management and governance assured high-quality, person-centred care; supported learning and innovation; and promoted an open, fair culture.

At the last inspection this key question was rated as requires improvement. At this inspection this key question has now improved to Good. This meant the service was consistently managed and well-led. Leaders and the culture they created promoted high-quality, person-centred care.

Managers and staff being clear about their roles, and understanding quality performance, risks and regulatory requirements

- Support workers at one service told us they had not always felt well-led in recent months. The locality manager had been absent from work and the position covered by another manager. Due to difficulties associated with Covid-19, the number of management visits had been limited with a higher dependence on phone contact and on-line meetings. One member of staff commented; "At times it has felt like we were being administered and not led."
- A new team leader had just started work at this service. They told us they intended to spend the majority of their time at the home to provide a link between support staff and management. Another team leader told us; "I think in the past there has been a big gap between the management and staff. I like to think I am reducing the gap."
- A locality manager said; "Communication across the organisation certainly from the top down has been creatively managed and regular briefing has been provided for all staff, not just managers. This has helped people to feel connected at all levels."
- Team leaders and locality managers said they were well supported and were able to access advice and guidance at any time. One team leader told us; "The area manager is always helpful and any of the locality managers can help you."

Promoting a positive culture that is person-centred, open, inclusive and empowering, which achieves good outcomes for people

- The inspection was partly prompted following concerns about staff culture in one of the homes. Staff and management told us the home had been through a difficult period, but they believed this had improved recently. The area manager had made changes to the staff team to support the development of the service and improve people's experiences. Staff told us they were optimistic about the changes. Comments included; "I can see things are improving."
- Senior management were aware of the need to promote and develop positive cultures across the organisation. A culture group had been developed and a manager told us; "What I have taken on board this year more than any other is the need to have top-down communication this leads to a strong company culture. We still have work to do, but I would suggest this year has made the gap between senior management and the staff on the ground closer. We have communicated more than ever before, we have worked together through difficult times and helped each other to find solutions for those difficult situations."

● Staff told us they felt connected to the wider organisation and understood the organisational visions and values. One commented; "Even the executive team talk to us."
● Managers told us they were aware of the risks associated with closed cultures and were working to make sure these did not develop. One locality manager explained how they were encouraging more 'cross-service' working to ensure good working practice was shared across teams.
● Feedback from locality managers across Brandon Supported Living – Cornwall was extremely positive. Comments included; "There is excellent communication from senior managers via email's, weekly live updates from [CEO] every Friday, video updates around what's happening and open communication from the Area Manager on a regular basis."

How the provider understands and acts on the duty of candour, which is their legal responsibility to be open and honest with people when something goes wrong
● Representatives from Brandon Trust were open throughout the inspection process.
● Relatives told us they had a good working relationship with the organisation. One commented, "We get together a few times a year and sit down to go through any worries we have."

Engaging and involving people using the service, the public and staff, fully considering their equality characteristics
● Relatives told us the organisation communicated well with them keeping them up to date with any changes in people's needs. Annual 'Family and Friends' surveys were circulated to formally gather feedback.
● Brandon Trust organised regular 'Driving Up Quality' events. These were open to people using the service, families, staff and other stakeholders. The events were a platform for gathering views on what worked well and where improvements could be made.
● People had key workers who knew them well and understood how they communicated. Regular key worker meetings were used to gather people's opinions and identify any goals or ambitions.
● 'My life in a month' documents were produced to reflect how people were spending their time and capture any areas for improvement.
● Locality mangers and team leader had completed outcomes training, and this was due to be rolled out to support staff. The training was focused on identifying people's goals and ambitions and supporting them to move towards achieving and developing them.
● Team meetings were organised to give staff an opportunity to discuss working practices and people's individual needs. The area manager held weekly on-line meetings with team leaders and three times a week with locality managers. All staff had regular supervision meetings with their line manager.

Continuous learning and improving care
● Regular audits were completed. These were a mix of internal and peer checks and audits by the compliance officer. Action plans were completed following any audit to highlight where improvements needed to be made.
● A staff quality audit had identified support workers felt there was a 'them and us' division between support workers and management. In response the area manager had introduced monthly support worker meetings. Staff told us this was a positive development which made them feel valued and listened to.

Working in partnership with others
● Locality managers told us they frequently worked with external agencies to achieve good outcomes for people.